

Subject: Re: Temporary Disability Update
From: Ellen Riotto <ellen@southpark.la>
Date: 04/11/2017 11:07 AM
To: Laronnia Jupiter <laronnia@southpark.la>

Thanks for the update, Laronnia. Hope you're well.

Ellen Riotto
Interim Executive Director
South Park BID
1100 S Flower St, Suite #3400, Los Angeles, CA 90015
o. 213-663-1112
c. 401-439-8147
24/7: 866-560-9346
Sent from my iPhone

On Apr 11, 2017, at 8:25 AM, Laronnia Jupiter <laronnia@southpark.la> wrote:

Good morning Ellen,

This email is to inform you that my temporary disability status has changed. As of 4/10 I will continue to be out of the office until 5/22.

Feel free to reach out if you have any questions

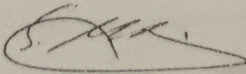
Best, LJ

[Image]

Get Outlook for iOS<<https://aka.ms/o0ukef>>
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Shahab Mahboubian, D.O.11920 Ramona Blvd., El Monte, CA 91732
(626) 448-5501 Fax: (626) 448-5502

INFORMATION ON INJURED WORKER					
Date of visit: <u>4/10/17</u>					
Patient's Name: <u>Jupiter, Larronia</u>			Injury Date:		
Employer:			Claim Number:		
WORK STATUS					
BASED ON MY EVALUATION, THE PATIENT'S STATUS IS:					
(5) <input checked="" type="checkbox"/>	RETURN TO FULL UNRESTRICTED DUTY ON:				
	TEMPORARILY PARTIALLY DISABLED FROM:		Thru		
	TEMPORARILY TOTALLY DISABLED FROM:	<u>4/10/17</u>	Thru	<u>5/22/17 @ 1:30</u>	
Specify Restrictions Below					
Date of Next Appointment:			Estimated Return to Full Duty: _____		
RESTRICTIONS: Patient is limited to performing the following activities:					
RETURN TO WORK WITH THE FOLLOWING RESTRICTIONS ON: _____					
LIFTING/CARRYING:			NO WORK INVOLVING:		
	Minimal (0-5 lbs)	Hand:	Bil	R	L
	Light (5-15 lbs)	Arm:	Bil	R	L
	Heavy (50+ lbs)	Leg:	Bil	R	L
BENDING/SOOPING:			WEAR SPLINT/BRACE/CAST		
	Light (0-6 times/hr)		SITTING JOB ONLY - Sit for _____ at a time		
	Moderate (6-10 times/hr)		STANDING JOB ONLY - Stand _____ at a time		
	Heavy (10+ times/hr)		SQUAT FOR _____ at a time		
PUSHING/PULLING:			REPETITIVE TASKS FOR _____ at a time		
	Light (10-25 lbs)		TWIST _____ times per hour		
	Moderate (25-50 lbs)		NO USE OF VIBRATORY TOOLS or GUNS		
	Heavy (50+ lbs)		NO OVERHEAD WORK AT or ABOVE 90°		
CLIMBING:			NOT TO OPERATE MOVING MACHINERY		
	No Vertical Ladders		NOT TO GET ON/OFF MOVING EQUIPMENT		
	No stairs		NO DRIVING		
	No ramps		OTHER:		
DURATION OF RESTRICTIONS: _____					
THIS PATIENT HAS REACHED MAXIMUM MEDICAL IMPROVEMENT: YES: NO:					
DATE OF DISCHARGE FROM CARE: _____					
OTHER COMMENTS: _____					
<p>* *If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designed time and a separate off work order is not required.</p>					
PROVIDER NAME: Shahab Mahboubian, D.O.			PHONE: (626) 448-5501 / FAX: (626) 448-5502		
ADDRESS: 11920 Ramona Blvd., El Monte, CA 91732					
 PROVIDER SIGNATURE			DATE: <u>4/10/17</u>		

— Attachments: —

Image.png

1.5 MB